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## \*BIBDATASHEET\*

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<b>SERIAL NUMBER</b> 10/663,492	<b>FILING OR 371(c) DATE</b> 09/16/2003 <b>RULE</b>	<b>CLASS</b> 623	<b>GROUP ART UNIT</b> 3738	<b>ATTORNEY DOCKET NO.</b> F-292
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## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

This application is a CIP of 10/282,356 10/29/2002 PAT 7,169,182 and is a CON of 10/309,585  
12/04/2002 PAT 7,115,132  
and is a CIP of 10/425,267 04/29/2003  
and said 10/282,356 10/29/2002  
is a CIP of 10/256,160 09/26/2002 PAT 6,989,032  
which is a CIP of 10/175,417 06/19/2002  
which is a CIP of 10/151,280 05/20/2002  
which is a CIP of 09/970,479 10/04/2001 PAT 6,669,730  
and is a CIP of 10/140,153 05/07/2002 ABN  
and said 09/970,479 10/04/2001  
is a CIP of 09/968,046 10/01/2001 ABN  
and said 10/140,153 05/07/2002  
is a CIP of 09/970,479 10/04/2001 PAT 6,669,730  
and is a CIP of 10/128,619 04/23/2002 PAT 6,863,689  
which is a CIP of 09/906,119 07/16/2001 PAT 6,607,559  
and is a CIP of 09/982,148 10/18/2001 PAT 6,673,113

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 03/09/2004

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	<b>STATE OR COUNTRY</b> NJ	<b>SHEETS DRAWING</b> 27	<b>TOTAL CLAIMS</b> 20	<b>INDEPENDENT CLAIMS</b> 1
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials		

## ADDRESS

51640

## TITLE

INTERVERTEBRAL SPACER DEVICE HAVING ENGAGEMENT HOLE PAIRS FOR MANIPULATION USING A SURGICAL TOOL

<b>FILING FEE RECEIVED</b>	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees ( Filing )
		<input type="checkbox"/> 1.17 Fees ( Processing Ext. of

725

No. \_\_\_\_\_ for following:

(time )

☐ 1.18 Fees ( Issue )

☐ Other \_\_\_\_\_

☐ Credit